

Introduction to DHS/DRS Home Services Program (HSP)

Who's at the Table?

Customer-Employer

An individual may apply to become a customer with the Division of Rehabilitation Services (DRS) and receive assistance through the Home Services Program (HSP). With a DRS Rehabilitation Counselor, a service plan may be developed for those applicants determined to be eligible for HSP services. This service plan will identify the customer's needs such as meal preparation, personal hygiene and mobility assistance, etc. Some providers are instructed to perform more complex health care procedures with the approval of appropriate medical personnel and customer's service plan. A qualified HSP customer may be approved to hire an Individual Provider (IP) to assist with such needs and other activities of daily living identified through the individual customer's service plan. In some instances, a customer may be referred to a Managed Care Organization (MCO) to develop a service plan and offer a provider to perform such duties relieving DRS of those obligations.

Customers are completely in charge with respect to choosing, hiring, supervising and terminating an IP within the rules and policies of the Division of Rehabilitation—Home Services Program. Individual Providers may assist with household tasks, personal care and, with permission of a doctor, certain health care procedures in accordance with the **service plan** and as directed by the customer.

DRS local office staff process time sheets for the IP, manages the Electronic Visit Verification system and the State then issues the payment. DRS serves as administrative body of the HSP.

DHS/DRS HSP

Individual Provider (IP)

Introduction to DHS/DRS Home Services Program

Our Mission

DHS's Division of Rehabilitation Services is the state's lead agency serving individuals with disabilities. DRS works in partnership with people with disabilities and their families to assist them in making informed choices to achieve full community participation through employment, education, and independent living opportunities.

Our Vision

Improving the independence of our customers is our only reason for existing. We realize that the skills and abilities of our front-line staff are the keys to our success. Embracing, listening to and collaborating with our community partners will sustain our success.

DRS will be a customer-driven organization, with all major decisions based on the needs of our customers. Our staff will be informed and valued, pursuing lifelong learning and striving to improve their professional skills. We will create an environment where customers and staff work in partnership, where customers enjoy working with staff, and staff look forward to coming to work. Finally, we envision an agency where customers feel confident that their goals will be reached.

Goals

1. Independence

- ▲ **Goal:** Provide services that will enable DRS customers to achieve the highest level of independence
- ▲ **Key indicators:** The number of persons moved out of nursing homes, the number of persons prevented from nursing home placement, the number of persons successfully completing independent living training and the number of persons receiving services through independent living centers.

2. Productivity

- ▲ **Goal:** Achieve a high level of productivity by efficiently serving eligible customers and helping them attain successful outcomes
- ▲ **Key indicators:** The number of persons employed in competitive jobs, the number of students entering employment after leaving high school, and a composite index that measures the productivity of VR counselors.

3. Job Quality

- ▲ **Goal:** Increase the quality of jobs obtained by VR program customers
- ▲ **Key indicators:** The average hourly wage earned and average hours worked per week by customers who become employed through the VR program, as well as the percentage of those workers who receive medical insurance from their employers.

4. Service Quality

- ▲ **Goal:** Continually improve the quality of services provided by DRS in all program areas
- ▲ **Key indicators:** A quality assurance index, the percentage of VR cases meeting RSA timeliness requirements, and the percentage of HSP cases with timely redeterminations.

5. Customer and Staff Experience

- ▲ **Goal:** Create a work environment that results in a positive experience for customers and staff.
- ▲ **Key indicators:** Survey measures of customer, employer and provider satisfaction, as well as a staff morale survey.

Introduction to DHS/DRS Home Services Program (cont.)

Home Services Program (HSP)

What is the purpose of this Service?

The Division of Rehabilitation Services' Home Services Program (HSP) provides services to individuals with severe disabilities so they can remain in their homes and be as independent as possible.

What services are offered?

Our program offers numerous options for independence:

- ▲ **Individual Provider (IP):** Provides assistance with household tasks, personal care and, with permission of a doctor, certain health care procedures. IPs are selected, employed, and supervised by customer.
- ▲ **Homemaker Services:** Personal care provided by trained and professionally supervised personnel for customers who are unable to direct the services of a IP. Instruction and assistance in household management and self-care are also available.
- ▲ **Maintenance Home Health:** Services provided through a treatment plan prescribed by a physician or other health care professional. Other services include nursing care and physical, occupational, and speech therapy.
- ▲ **Electronic Home Response:** Emergency response system offered by hospitals and community service organizations. This rented signaling device provides 24-hour emergency coverage, permitting the individual to alert trained professionals at hospitals, fire departments, or police departments.
- ▲ **Home Delivered Meals:** Provided to individuals who can feed themselves but are unable to prepare food.
- ▲ **Adult Day Care:** The direct care and supervision of customers in a community-based setting to promote their social, physical, and emotional well-being.
- ▲ **Assistive Equipment:** Devices or equipment either purchased or rented to increase an individual's independence and capability to perform household and personal care tasks at home.
- ▲ **Environmental Modification:** Modifications in the home that help compensate for loss of ability, strength, mobility or sensation; increase safety in the home, and decrease dependence on direct assistance from others.
- ▲ **Respite Services:** Temporary care for adults and children with disabilities aimed at relieving stress to families. Respite services may be provided for vacation, rest, errands, family crisis or emergency. Services may include personal assistant, homemaker or home health.

We also provide specialized services for people with HIV/AIDS and/or traumatic brain injuries (TBI).

Our Community Reintegration Program helps individuals with disabilities who live in nursing homes move into community with the supports they need to live as independently as possible.

Who can receive these services?

We serve people with severe disabilities **under age 60** who need help with daily living activities in their homes. Many of these people are at risk of moving into a nursing home or other facility. (For those 60 and over, please contact the **Illinois Department on Aging**.)

How are services provided?

Customers may hire their own IPs to assist in their home, based on the service plan they have jointly developed with their DRS rehabilitation counselor. Homemaker agencies may supply workers for persons who need someone to supervise their PA in the home.

Introduction to DHS/DRS Home Services Program (cont.)

How are services determined and monitored?

HSP staff including AIDS Case Managers will continue to administer the Determination of Need [DON] as well as determine the customer functional limitations. HSP will also continue to collect medical documentation. DRS counselors will continue to complete the DON on all incoming new referrals. Additionally, DRS Counselors will also complete the redetermination assessment on existing cases.

HSP staff will continue to process payments for all individual providers (IPs). IPs are required to use the EVV system to call in and out and record the exact time worked on the Home Services Program Time Sheet. IP packets and timesheets we will be processed by DRS staff.

Managed Care Organization (MCOs) may assume responsibility of portions of the work previously managed by individual waiver programs in the state.

Once the DRS Counselor has completed the Determination of Need, the case may be “transitioned” to a Managed Care Organization [MCO] for care planning. The case now becomes the MCOs responsibility to identify appropriate service providers, establish a plan of care, including the type and amount of service hours. Customers disagreeing with service planning issues must appeal to the MCO and not HSP staff.

Additionally, MCOs will assume responsibilities of the specialized waivers (Brain Injury and AIDS Waiver) including case management services. Customers served under the TBI and AIDS Waiver will no longer receive these services from Case Management Agencies as previously provided and contracted through HSP. The MCO will be responsible for monthly contacts.

HSP Staff will continue to monitor the submission of the IP Timesheets and alert the MCO Case Manager of any issues or discrepancies such as IP failure to use the EVV system to call in/call out and recording exact time on the timesheet.

How to apply?

Use the online **Rehabilitation Services Web Referral** to refer yourself or someone else for services.

We provide services in 48 local offices located in communities throughout the state.

Use the **DHS Office Locator** and search for Rehabilitation Services to find the nearest local office or call toll-free: **(800) 843-6154** (Voice, English or Español) or **(800) 447-6404** (TTY).

Self-Directed Assistance

People First Language

“The difference between the right word and the almost right word is the difference between lightening and the lightening bug.”

—MarkTwain

- ▲ Use Employer/Employee terminology
- ▲ Avoid terms such as patient, “taking care of ...”, “I help someone with...”, “My lady I work for” or “My person”
- ▲ People First Language includes Assistance versus Care

Right Words	Wrong Words
Employer	“My lady I work for ...”
Boss	“My person I take care of ...”
Supervisor	“I help someone with ...”
Person with disabilities	handicapped, disabled or crippled
Wheelchair User	wheelchair bound, confined

Best Practices for Individual Provider (IP) Employee Performance

Communication is a key element when working with others. When beginning a task, be sure to take the time to ask the customer/employer how the employer wants the task completed. Below are suggestions of Best Practices for IP Employee Performance.

- ▲ Ask “How do you want this task done?” or
- ▲ Ask “I understand that you want me to wash dishes. Would you prefer me to wash glasses and plates before I wash the pots or pans?”
- ▲ Paraphrase what you heard the employer ask you to do.
- ▲ Ask “Did I do the task the way you wanted?”

Service Plan

State of Illinois
Department of Human Services - Division of Rehabilitation Services
HOME SERVICES PROGRAM SERVICE PLAN

Customer Name: Jane Doe Interim Addendum
Case Number: _____ Formal Addendum No. _____
Next Redetermination Date: _____ Redetermination Date: _____

TASK	Type Service	Days/Month	HRS/Day	HRS/Month
<input checked="" type="checkbox"/> Eating	PA	31	.50	15.50
<input checked="" type="checkbox"/> Bathing	PA	31	.50	15.50
<input checked="" type="checkbox"/> Grooming	PA	31	.25	7.75
<input checked="" type="checkbox"/> Dressing	PA	31	.50	15.50
<input checked="" type="checkbox"/> Transferring	PA	31	.50	15.50
<input checked="" type="checkbox"/> Incontinence	PA	31	.75	23.25
<input type="checkbox"/> Managing Money				
<input type="checkbox"/> Telephoning		31	1.0	31.00
<input checked="" type="checkbox"/> Preparing Meals	PA	15	1.0	15.0
<input checked="" type="checkbox"/> Laundry	PA	5	1.0	5.0
<input checked="" type="checkbox"/> Housework	PA	5	2.0	10.0
<input checked="" type="checkbox"/> Outside Home	PA	31	.25	7.75
<input checked="" type="checkbox"/> Routine Health				
<input type="checkbox"/> Special Health				
<input type="checkbox"/> Being Alone				
<input type="checkbox"/> Other				
Total Hours/Month:				161.75

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Page 1 of 2

State of Illinois
Department of Human Services - Division of Rehabilitation Services
HOME SERVICES PROGRAM SERVICE PLAN

Customer Name: Jane Doe Interim Addendum
Case Number: _____ Formal Addendum No. _____
Next Redetermination Date: _____ Redetermination Date: _____

Type Service	Total HRS/Week	Total HRS/Month	Rate	Subtotal
PA	37.18	161.75	\$13.00	\$2,102.75
TOTAL MONTHLY ESTIMATED SERVICE COST				\$2,102.75

PERSONAL ASSISTANT BACK-UP: John Doe

I have been given the choice of care in my home or in a nursing home. I choose to remain at home and agree that the plan of services described above will allow me to remain there. I understand that my eligibility for these services and the appropriateness of this service plan will be reviewed yearly, every six months, or more often if my situation changes. I have been given a copy of this Service Plan and of the Customer Rights and Responsibilities brochure (HSP:1). These documents have been explained to me and I understand the contents of both.

Jane Doe
Customer Signature

Susan City
HSP Counselor/Case Mgr.

Parent, Representative, Witness
1-6-17
Date

1-6-17
Date

Distribution: Original - customer
Copy - case file
Copy - each service provider

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Page 2 of 2

Service Plan Examples of Assistance

Each item on the Service Plan will constitute different forms of assistance for each individual customer-employer. Here are some examples of assistance that you may provide for each item:

1. Eating

- ▲ Cut food
- ▲ Grip utensils
- ▲ Lift food and drink to mouth
- ▲ Clean spills

2. Bathing

- ▲ Transfer in/out of tub/shower
- ▲ Hold/Grip hygiene articles
- ▲ Manipulate faucets
- ▲ Regulate water temperature
- ▲ Wash/Dry all body parts
- ▲ Encouragement to bathe

3. Grooming

- ▲ Lather and shave
- ▲ Basic hair care: comb, blow dry, etc.
- ▲ Oral hygiene: brush teeth, floss, etc.
- ▲ Nail care
- ▲ Application of lotion, deodorant, etc.

4. Dressing

- ▲ Dress appropriately for situation/weather
- ▲ Put on socks, shoes, etc.
- ▲ Assist with fasteners
- ▲ Apply prosthesis or orthotic device if necessary

5. Transferring

- ▲ Transfer in/out of places of sleep and rest
- ▲ Assist into or out of assistive/mobility device
- ▲ Operate assistive/mobility device during transfer
- ▲ Move/adjust bed, handrails, etc.

6. Incontinence

- ▲ Assistance to bathroom in timely manner
- ▲ Empty/irrigate catheter or ostomy bags
- ▲ Use of enema, absorbent pads or bed pan
- ▲ Thoroughly clean body and any soiled linens
- ▲ Menstruation management

7. Managing Money

- ▲ Assistance with budget
- ▲ Write/mail checks
- ▲ Handle currency
- ▲ Read, write, count

8. Telephoning

- ▲ Answer phone
- ▲ Assist by dialing or pushing buttons
- ▲ Take messages
- ▲ Communicate essential information on behalf of consumer-employer

9. Meal Preparation

- ▲ Cook and prepare meals
- ▲ Serve meals
- ▲ Store and label meals/leftover
- ▲ Open/close containers
- ▲ Use kitchen appliances
- ▲ Exercise all safety precautions

10. Laundry

- ▲ Sort clothes
- ▲ Operate washer and dryer machines
- ▲ Wash/dry clothes
- ▲ Load/unload clothes
- ▲ Fold and put away
- ▲ Iron

11. Housework

- ▲ Sweep, mop, vacuum
- ▲ Dust
- ▲ Clean spills
- ▲ Straighten up home
- ▲ Wash/dry/put away dishes
- ▲ Clean sinks, toilets, tubs, etc.
- ▲ Trash removal

12. Outside Home

- ▲ Shopping tasks/errands
(*Paid only for time in store - **not commute**)

13. Routine Health (*Non-skilled caregivers only)

- ▲ Understand/follow clinical directions
- ▲ Administer prescribed medication, ointments, etc.
- ▲ Manage dressings, decubitus care, etc.
- ▲ Monitor vital signs

14. Special Health

(*Provided by licensed healthcare professional)

15. Being Alone

- ▲ Monitor and make sure consumer-employer is safe
- ▲ Recognize, avoid and/or respond to hazards
- ▲ Use proper judgment concerning privacy simultaneously with IP

Understanding Service Plans & How They Shape the Job

Customer and IP Role Play

1. Read and perform the following script with a partner.

Individual Provider	Customer-Employer
Good morning! Would you be interested in checking out your service plan and informing me how you would like me to perform my tasks?	Great! That sounds like a good idea.
Can we start with “Grooming”? Based on the service plan we need .25/hour for Grooming every day.	Yep. After my morning bath I need about 15 minutes to get ready.
Ok, good. How exactly may assist you to get ready?	Well, I like some lotion on my face and two spritzes of perfume—one on my neck and one on wrist. Then I use this to comb my hair back, part it on the left side, and comb the sides down. I would like you to use this round brush and blow dryer to dry my hair and flip the ends out like this...
Ok so first you want me to assist you with putting lotion on your face. Then some perfume, and then I'll assist to fix your hair with this comb, brush and blow dryer like this. Would you like any assistance with your make up?	Yes, please. I use this powder all over my face, put on this blush like this, and then a little bit of mascara and I'm ready to go!
Ok great! Sounds like a good plan.	

2. Select a different item on the Service Plan and continue the conversation about exactly **how and when** the consumer-employer would like the IP to perform the chosen task.

*Make sure that the customer-employer is very clear and precise about giving instructions. Likewise, the IP should be very clear when *paraphrasing* (or repeating back in own words) to the consumer-employer so he/she knows that the IP understand exactly how the tasks should be done. Also, the IPs should ask questions if they do not understand exactly how to perform the task.

Identifying and Reporting Fraud

Definitions and Examples of Medicaid Fraud¹

Medicaid fraud can take many forms. It includes anything that is done to rob or cheat the Medicaid system. This is usually done by submitting bills for services or products that were not delivered.

In the Home Services Program (HSP)², Medicaid is “billed” for services by the Individual Provider (IP) when they submit time sheets for payment. Customers and Individual Providers (IPs) are held responsible for accurately completing and signing all provider time sheets. Submitting and signing false time sheets will result in an investigation by the Medicaid Task Force, and possibly criminal prosecution by the Illinois State Police.

Examples of Medicaid fraud:

- ▲ Charging HSP for hours that you did not work.
- ▲ Charging for services provided for family members, guests, or pets.
- ▲ Charging for services not included in the HSP Service Plan.
- ▲ Charging for transporting HSP customers.³
- ▲ Charging for services provided by the IP when the customer was in the hospital, nursing home, rehabilitation center or otherwise not at home, without prior approval.
- ▲ Charging for services while the Customer or IP was out of state, incarcerated or at a court proceeding.
- ▲ Charging for services after the Customer has died.
- ▲ Charging for work that was not done in the customer’s home, without prior approval.
- ▲ Letting someone else work in your place and then paying them yourself afterwards.
- ▲ Charging for the same hours when you were at another job.
- ▲ Signing your time sheet for the customer.
- ▲ Giving the customer part of your pay.

Before starting work as an IP, both the customer and the IP are required to sign a statement, agreeing to “Provider Payment Policies” (Handout #8). You can avoid committing Medicaid fraud by following these policies.

1. www.isp.state.il.us/crime/medicaidfraud.cfm
2. The Home Services Program is part of the Department of Human Services, Division of Rehabilitation Services.
3. It is strictly prohibited to transport a customer in the IP’s automobile or other mode of transport while performing any duty as an IP.



State of Illinois
Department of Human Services - Division of Rehabilitation Services
Home Services Program

INDIVIDUAL PROVIDER PAYMENT POLICIES

Home Services Program (HSP) customers and Individual Providers are responsible for accurately completing and signing all Individual Provider time sheets. Completion of the time sheet will require both parties to sign and verify the information contained on it is correct. Fraudulently completing these documents will result in a formal investigation by the Medicaid Task Force, with possible criminal prosecution by the Illinois State Police (ISP). This document provides critical information for completing a time sheet.

- 1 Every Individual Provider is required to have an employment packet on file for each customer that employs him/her for services required in the home.
- 2 Individual Provider Social Security numbers will be verified. Those having unverified Social Security numbers will be informed of their inability to begin employment or to continue working as an Individual Provider.
- 3 Individual Providers can only be paid for the hours they worked for the customer per the HSP Service Plan. Billing for hours not worked constitutes Medicaid fraud. Individual Providers are required to use HSP's Electronic Visit Verification and Timekeeping System (EVV) as mandated by the SMART Act 97-0689, Section 5.5(f) & (g).
- 4 The services provided in the home are for the customer(s) having a HSP Service Plan. Services for family members, guests, animals, etc. will not be reimbursed.
- 5 The Service Plan indicates how many days per month specific tasks are required by the customer. Work schedules are directed by the customer and, though flexible, should generally follow the Service Plan; this may include hours for such daily tasks as personal care, toileting, meal preparation, etc. An example of an inappropriate time sheet would be the Individual Provider billing the total hours that are available during only one pay period of the month.
- 6 Individual Providers are required to perform only those tasks outlined on the Service Plan and within the time frames approved.
- 7 Individual Providers can only be paid for hours and tasks performed in the customer's home unless the task must be completed outside the home such as laundry due to no facilities in the home, banking, and grocery shopping. In no instance may the Individual Provider be paid for hours and tasks that were performed in the Individual Provider's home. Examples of tasks not paid if performed in the Individual Provider's home are laundry, meal preparation or supervising the customer. This policy will not impact on Individual Providers who reside in the same household as the customer.
- 8 Hours worked in excess of the HSP Service Plan will not be authorized or paid without prior approval from the customer's counselor.
- 9 Hours worked in excess of sixteen hours in a twenty-four hour period will not be authorized or paid without approval from the customer's counselor. This sixteen hour limitation does not apply to Individual Providers providing respite services.

- 10 Individual Providers cannot work if the customer is out of the home, i.e. in a nursing facility, hospitalized, on vacation, etc. However, there are some exceptions that are allowable, such as the counselor gives prior approval and the request meets the policy guidelines. Please contact the counselor to address any questions before risking non-payment of services provided.
- 11 It is strictly prohibited to transport a customer in the Individual Provider's automobile or other mode of transport WHILE PERFORMING ANY DUTY AS AN INDIVIDUAL PROVIDER. Customers must seek and secure alternative means of transportation, such as use of family resources or public transportation. Any driving by an Individual Provider is at his/her own risk.
- 12 Individual Providers are not allowed to subcontract. Subcontracting means letting someone else work in your place, putting the time on your time sheet and then paying them yourself. This is not only an illegal practice but also causes problems with Social Security withholding. Each Individual Provider will only be paid for services which he or she provided directly to the customer.
- 13 It is against administrative rules for legally responsible relatives to serve as the Individual Provider for HSP customers. This includes a spouse working for his/her disabled spouse; children under the age of 18 working for their disabled parent; or a parent, step-parent, or foster parent working as an Individual Provider for his/her disabled child under the age of 18. Individual Providers and customers can request clarification at anytime there may be a question or concern about this issue.
- 14 Individual Providers cannot charge HSP for the same hours worked when working another job. This includes working for other HSP customers or as a childcare provider paid through the Department of Human Services. This constitutes fraud and will be prosecuted as such.
- 15 Customers should never pre-sign time sheets and they are expected to review the accuracy of dates and times worked prior to submitting the time sheet on the last day of the payroll window. Time sheets submitted with hours not yet worked will be returned to the customer and could delay Individual Provider payments.
- 16 Individual Providers are never required to have their payroll check co-signed by the customer even if the check is mailed to the customer's address.
- 17 Individual Providers shall not sign the time sheets on behalf of the customer unless they are Power of Attorney, or Legal Guardian. Customers are never to sign the time sheet on behalf of the Individual Provider.
- 18 Individual Providers and customers must submit timely billing in order to assure payment. Timesheets received five (5) business days after the end date of service will likely delay payment. The repeated failure of the Individual Provider to comply with this requirement shall be considered as evidence of the customer's failure to cooperate with HSP due to the failure to adequately supervise the Individual Provider.
- 19 Individual Providers may obtain employment verifications from the State of Illinois. The information is limited but includes: the gross earnings for each pay period for the requested time frame, the hourly rate of pay, total wages earned for the past twelve months, social security number, address, city, state, and the zip code. All requests for employment verifications must be requested in writing. The local office will provide direction where the request may be faxed or mailed.

- 20 Individual Providers should utilize the toll free Provider Information Line at 1-800-804-3833 whenever information concerning checks might be needed. This system can verify that billing information was received and processed for payment, including the expected arrival date of the checks. Phone calls to the local offices during payment cycles can potentially delay payments to Individual Providers because of the volume of data entry required of the field staff.
- 21 Individual Providers are covered for collective bargaining purposes by the Service Employee International Union (SEIU) Health Care Illinois/Indiana (as mandated by the SEIU Collective Bargaining Agreement with the State of Illinois). Each pay period, a deduction will be taken from an IP's wages to cover membership costs to join SEIU. If you have a question about union membership dues please contact SEIU at 1-866-933-7348.
- 22 Customers and Individual Providers are encouraged to contact the HSP local office to address any billing questions or concerns prior to submitting time sheets for payments. This one additional step will promote accurate and timely payments to the Individual Provider.

I acknowledge that the above information has been reviewed and is understood.

Reporting Medicaid Fraud

If you think there is Medicaid Fraud, Abuse or Neglect you should call:

Medicaid Fraud Control Unit of the Illinois State Police
1-888-557-9503

Remember—you can call the hotline for information or advice before deciding to report.

How do you report?

Suspected abuse, neglect, or exploitation of	Call
Adults 60 years or older or a person with a disability age 18-59	Adult Protective Services Hotline 1-866-800-1409 (voice) 1-888-206-1327 (TTY) online: www.illinois.gov/aging/ProtectionAdvocacy/Pages/abuse_reporting.aspx
Children under 18	DCFS Child Abuse Hotline 1-800-252-2873 (voice) 1-800-358-5117 (TTY)

Call 911 (ambulance or the police) if there is risk of serious injury or death.

Reporting abuse or neglect by e-mail can delay the investigation, and your name may be revealed.

The reporter should be prepared to answer the following questions to the best of their ability...

- ▲ The alleged victim's name, address, telephone number, sex, age and general condition;
- ▲ The alleged abuser's name, sex, age, relationship to victim and condition;
- ▲ The circumstances which lead the reporter to believe that the older person is being abused, neglected or financially exploited, with as much specificity as possible;
- ▲ Whether the alleged victim is in immediate danger, the best time to contact the person, if he or she knows of the report, and if there is any danger to the worker going out to investigate;
- ▲ Whether the reporter believes the client could make a report themselves;
- ▲ The name, telephone number and profession of the reporter;
- ▲ The names of others with information about the situation;
- ▲ If the reporter is willing to be contacted again; and,
- ▲ Any other relevant information.

Timesheet Refresher, How, When and Where

Using Electronic Visit Verification & Completing the Time Sheet

Electronic Visit Verification (EVV)

The EVV System is mandatory for all Individual Providers who provide services to customers in the Home Services Program.

Electronic Visit Verification (EVV) is a telephone and computer-based system that electronically verifies when the IP provides service to the customer. The Provider will be required to use the customer telephone or the customer cell phone to call in and call out. The system verifies when each visit occurs and records the precise time the Provider begins and ends each day. The purpose of EVV is to help make timekeeping for IPs faster, easier, and more accurate. In addition, the EVV system will assist with monitoring the care given to the customer.

Call In & Out— The Providers must call in to the EVV system from the customer telephone at the beginning and end of each visit. The Provider will be assigned a **Santrax ID** that they must **Enter** —It is important that you enter the correct Santrax ID on every call. You must write down the exact time on the paper HSP Time Sheet (See *Handout 14*). See EVV Call Reference Guide attached.

Completing the Timesheet

At the end of each pay period, both Customer and Provider should sign the time sheet and send it to the DRS Office! Providers must both use the EVV system and submit paper time sheets to be paid timely.

- ▲ Accuracy is very important!
 - Everyday record an exact **Start Time** and **Stop Time**. Make sure to indicate **am** or **pm** for all hours recorded. Write down the time provided by the EVV system call.
 - It is not necessary to include a **Daily Total** and **Pay Period Total** if you enter an exact **Start Time** and **Stop Time**. If not, you will be questioned about the discrepancy and it will have to be clarified by the DRS. If any doubts remain, further investigation may be required.
- ▲ Do not turn in Time Sheet Early
 - IPs cannot report hours in the future. For example, a Time Sheet completed for a pay period ending on the 31st cannot be dropped off on or before the 31st before the Stop Time.
- ▲ Must write Social Security #, District #, and Customer ID # clearly on all Time Sheets. If not, clarification will be required and you may have to wait longer to receive payment.
- ▲ Customer-employer and IP must sign Time Sheets to confirm hours worked
- ▲ IPs cannot work for customer-employer while away on vacation, in the hospital, etc.
 - Certain exceptions apply; however, the **customer-employer** *must request and receive approval from DRS Counselor prior to these hours worked*
- ▲ IPs cannot report work hours for more than one Customer at the same time.

Getting Paid

These time sheets are to be sent to HSP immediately after the 15th and the last day of each month. Instructions on completing time sheets, the Call Reference Guide and the Provider Payment Policies are included in the Provider packets. Please reference these documents for additional information.

- ▲ IPs can submit Time Sheet two ways: 1) Mail to DRS office, 2) Drop-off in person to DRS Office.
- ▲ It is recommended that IPs sign up for Direct Deposit. This will ensure:
 - checks are not being mailed to customer-employer's home
 - payments are made quickly and safely directly into IPs bank account
- ▲ IPs can submit time sheets up to five (5) State of Illinois business days after the end of the pay period (refer to Pay Schedule Handout). Failure to submit time sheets by due day may result in payment delay.
- ▲ In order to avoid check cashing fees and potential fraud, there are two options to consider for getting paid:
 1. SEIU offers IPs the opportunity to start an account with a Credit Union—your payment will be automatically deposited into your Credit Union account. **Must be a Full SEIU Union Member.**
 2. DRS offers a Debit Card option—your payment is automatically loaded onto your Debit Card.
 3. For more information about these –please contact the MRC **1-866-933-7348**.
- ▲ For all inquiries concerning when a time sheet was processed and anticipated pay date, please call the Provider Information Line at **1-800-804-3833** or TTY users may dial direct to **1-877-434-1082**.
- ▲ All Individual Providers should be aware if your payment is received via paper check, delays can occur due to issues with mail delivery. Paper checks, direct deposits or debit cards all have the identical pay date. Please remember, funds for the debit card will not be available before 12:00 p.m. on the pay date.
- ▲ If you have additional questions after contacting the Provider Information Line, please call your local HSP office for assistance.

EVV Call Reference Guide



Call Reference Guide

Write your Santrax ID number above for easy reference.

Dial:
1-855-347-1770
or
1-855-573-0726

Calling Instructions

Calling Santrax: When arriving at, or leaving the customer's home, make sure you have the following information:

- Calling IN:** **Calling OUT:**
- Your Santrax ID.
 - Your Santrax ID.

- Dial any of the toll-free numbers located on the front page of this guide.**

Santrax will say: "Welcome, please enter your Santrax ID."

If you are experiencing difficulties with the first toll-free number, please use the second toll-free number.

- Press the numbers of your Santrax ID on the touch tone phone.**

Santrax will say: "To verify your identity, please repeat: At Santrax, my voice is my password."

NOTE: *If you have not been enrolled in Speaker Verification, Santrax will skip this prompt. If this is the case, skip step 3, and then continue with the next prompt.*

- Say "At Santrax, my voice is my password"**
The Santrax system may ask you to repeat the phrase several times before verifying your identity.

Useful Tips:

To ensure successful speaker verification, follow these useful tips:

- Speak Normally**
 - Don't change the normal rhythm or volume of your voice.
- Speak Clearly**
 - Don't whisper or chew during the Santrax call.
- Use Your Phone's Handset**
 - Avoid using speakerphone, cordless or wireless phones.
- Avoid Noisy Environments**
 - Eliminate all background noise by staying away from TV, Radios or other sources of noise.

What to do if there is a Problem:

These are some possible problems you may experience when using the telephone.

- Busy Signal
 - No Answer
- Check the number to make sure you have the right phone number.
 - Try calling again.
 - Try calling the second toll-free number provided of the front page of this guide.
 - If you still cannot complete the call, Please call the DHS EVV Help Line at 1-888-713-5139.
- If the system says: "Sorry, Invalid Number"
See if the phone has a T-P (Tone-to-pulse) switch; make sure the switch is on T. If there is no switch, you must say your ID number one digit at a time, into the phone after the tone.

Calling Instructions

Santrax will say: "If this is a Fixed Visit Verification visit using the FVV device, press the star (*) key to enter the visit verification numbers. Otherwise, press the pound (#) key to continue."



If this is an FVV Call, press the star () key and refer to the FVV Call Reference Guide for detailed instruction for the FVV call process. If this is not an FVV call, press pound (#) and continue.*

- Press the pound (#) key to continue.**

Santrax will say: "Please select "1" to call in or "2" to call out."

- Press the one (1) key to "Call In".**
Or

Press the two (2) key to "Call Out".

Santrax will say: "Received at (TIME). Enter number of tasks."

NOTE: *If you are placing the in call, **HANG UP NOW.** Tasks are only entered on the out call.*

Calling Instructions

- Press one (1) to indicate you will be entering one task.**

Santrax will say, "Enter task ID"

- Press the Task Number you performed.**

NOTES:

- Refer to your **Task Reference Chart** below.
- If you made a mistake entering the task, press "00", the system will confirm by saying: "Starting Over, Enter number of tasks".

Santrax will say: "You entered one task."

- Hang up.**

Task Reference Chart

Task ID	Description
11	CNA
12	LPN
13	Personal Assistant
14	RN

Provider Payment Schedule



State of Illinois
Department of Human Services

Home Services Program Individual Provider Payroll Schedule 2022

Pay Period	Timesheet Due	PA Hotline	Pay Date
December 01-15, 2021	December 16-22	30-Dec	13-Jan
December 16-31, 2021	January 03-07	14-Jan	28-Jan
January 01-15	January 18-24	28-Jan	10-Feb
January 16-31	February 01-07	14-Feb	28-Feb
February 01-15	February 16-23	28-Feb	11-Mar
February 16-28	March 01-07	15-Mar	28-Mar
March 01-15	March 16-22	31-Mar	13-Apr
March 16-31	April 01-07	15-Apr	28-Apr
April 01-15	April 18-22	29-Apr	13-May
April 16-30	May 02-06	13-May	27-May
May 01-15	May 16-20	31-May	13-Jun
May 16-31	June 01-07	14-Jun	28-Jun
June 01-15	June 16-23	29-Jun	13-Jul
June 16-30	July 01-08	15-Jul	28-Jul
July 01-15	July 18-22	29-Jul	12-Aug
July 16-31	August 01-05	15-Aug	26-Aug
August 01-15	August 16-22	30-Aug	13-Sep
August 16-31	September 01-08	15-Sep	28-Sep
September 01-15	September 16-22	29-Sep	13-Oct
September 16-30	October 03-07	14-Oct	28-Oct
October 01-15	October 17-21	27-Oct	10-Nov
October 16-31	November 01-07	10-Nov	28-Nov
November 01-15	November 16-22	30-Nov	13-Dec
November 16-30	December 01-07	9-Dec	22-Dec
December 01-15	December 16-22	30-Dec	13-Jan
December 16-31	January 03-09	13-Jan	27-Jan

Understanding Overtime

Learning Outcomes

- ✓ **Understand the Individual Provider Overtime Policy**
- ✓ **Understand a work week versus a pay period**
- ✓ **Understand responsibilities when working for multiple HSP customers**
- ✓ **Identify consequences if unjustified use of Overtime occurs**
- ✓ **Understand Overtime Exceptions**

Key Content

The importance of working no more than 60 hours in a work week unless the IP's customer is approved for an Overtime Exception will be reiterated along with the consequences of unjustified use of Overtime which include sanctions up to and including termination from the program.

Introduce General Policy Overview

1. Home Services Program customers, who utilize Individual Providers, must hire a sufficient number of providers to cover the weekly hours on their Service Plan and hire a back-up Individual Provider(s) for coverage when another Individual Provider is unable to provide services.
2. Individual Providers are subject to the 60-hour per week maximum unless the customer is approved for an overtime exception.
3. Customers and Individual Providers who work for multiple customers are responsible for monitoring work hours to ensure the Individual Provider does not work more than 60 hours in a work week unless the customer is approved for an overtime exception.
4. It is important to remember that any approved use of Overtime does not change existing program rules. This means that no provider should work more than 16 hours in a 24-hour period and no provider should work more hours than allowed on their customer's Service Plan.
5. Overtime usage will be monitored for abuse or fraud.

Work Week vs. Pay Period

Overtime is calculated by work week, but Individual Providers are paid by pay period. So it is important to understand the difference between the two.

1. Pay periods are from the 1st day of the month through the 15th of the month, and from the 16th of the month through the last day of the month.
2. A work week is a 7-day span that begins on Sunday at 12:00 a.m. and ends Saturday at 11:59 p.m.
3. In some cases a work week may extend across a pay period.

Individual Provider Training & Orientation

Handout 11b

Page 2 of 3

Working for Multiple Customers

1. Individual Providers who serve multiple customers are responsible for monitoring the number of hours that they work in a work week to ensure that they comply with the Overtime policy.
2. Providers should add together the total hours worked for each customer; this combined total should not exceed 60 hours in a work week unless a customer is approved for an Overtime Exception
3. If providers also claim travel time when traveling between customers on the same workday, the combined total of work time and travel time must not exceed 60 hours for the work week unless a customer is approved for an Overtime Exception.

Unjustified Use of Overtime

1. The Overtime policy currently allows Individual Providers to work up to 60 hours in a work week versus the traditional 40-hour work week. The extra 20 hours are paid at time and one half pay.
2. Individual Providers will be given a written notification for the first three (3) occurrences of unauthorized overtime. Each written notification shall be valid for a rolling twenty-four (24) month period.
3. If within any rolling twenty-four (24) month period a fourth (4th) occurrence of unauthorized overtime occurs, the IP will be notified in writing that they are temporarily ineligible for funding from the Home Services Program for three (3) months.
4. After the Individual Provider has been temporarily ineligible for funding from the Home Services Program three (3) times, the Individual Provider will be notified in writing that he or she is permanently ineligible for funding from the Home Services Program.
5. If an Individual Provider has been deemed permanently ineligible for funding the IP may request a review after 12 months for reinstatement to the Home Services Program, except in cases of substantiated fraud, abuse, neglect or exploitation.

Understanding Overtime Exceptions

1. There are four overtime exceptions that a customer may apply to receive. If the customer's overtime exception request is approved, the IPs who work for that customer will be permitted to work more than 60 hours in a work week. **As long as the total hours for all IPs do not exceed the Customer's approved Service Plan.**
 - a. Provider Capacity- applies when there is no qualified IP within 45 miles of the Customer's service location who is able and willing to provide needed services.

The Provider Capacity exception must be applied for in advance or within 2 weeks of need. Once approved, this exception is valid for one (1) year and will be automatically renewed unless the State determines not to renew the exception.
 - b. Unique/Complex Needs - applies when the Customer's health and safety would be compromised by adding additional IPs to the Service Plan: which may include court ordered service plans, Customers with a DON score at or above 70, Customers who cannot tolerate multiple workers because of medical or behavioral needs or Exceptional Care Customers.

The Unique/Complex Needs exception must be applied for in advance. Once approved, this exception is valid for one (1) year and will be automatically renewed unless the State determines not to renew the exception.

Individual Provider Training & Orientation

Handout 11b

Page 3 of 3

- c. **Out-of-Town Situations** - applies when the Customer requires care to ensure their health and safety while out-of-town and it is not feasible to bring additional IPs. This exception permits personal care services only during the duration of the out-of-town stay.
The Out-of-Town Situations exception can be used for 14 days per year and must be applied for in advance.
 - d. **The Emergency Need Exception** applies when an urgent need for care arises and working more than 60 hours in a work week is unavoidable without risking the health and safety of the Customer. The Customer may utilize this exception four (4) times per year and up to 10 hours per pay period and must be applied for within two (2) weeks of need.
2. When a Customer applies for an exception, if no determination is made within thirty (30) days, the Individual Provider shall be deemed conditionally approved to work the overtime hours until the determination is made.

Definitions

- **Overtime** - the time worked by an Individual Provider for an HSP Customer(s) that exceeds 40 hours in a work week.
- **Work week** - a week that begins Sunday at 12:00 a.m. (midnight) and ends each Saturday at 11:59 p.m.
- **Travel Time** - the time an Individual Provider spends traveling between two or more different HSP Customer addresses on the same work day and that does not end or begin at the Individuals residence or include any personal errands.

Time Sheet Instructions

Note: Staff should continue to use the Santrax EVV system for electronic reporting of daily start and stop time.

All fields required to be completed in order for timesheet to be processed.

State of Illinois
Department of Human Services - Division of Rehabilitation Services

Home Services Program Time Sheet

District: 344

Case Number: 04928401
Customer Name: John Smith
Address: 123 Main St. Apt. # 4
City/Zip Code: Bloomington, IL 61701
Phone: (309) 782-2722

Worker SSN: 123-45-6789
Worker Name: Mary Jones
Home Address: 1 W. Capitol Apt. #
City/Zip Code: Moline, IL 61759
Phone: (309) 449-0300

Month: July Year: 2014

		Start	Stop	Start	Stop	Start	Stop	Daily Total
Personal Assistant	1st 16th	9:02am	11:30am					
	2nd 17th	9:00am	11:31am					
Certified Nurse Assistant	3rd 18th							
	4th 19th							
	5th 20th							
Licensed Practical Nurse	6th 21st							
	7th 22nd	8:30am	11:35am					
	8th 23rd	8:45am	11:49am					
Registered Nurse	9th 24th	8:49am	11:16am					
	10th 25th							
	11th 26th							
Physical or Occupational Therapist	12th 27th							
	13th 28th	8:31am	11:33am					
	14th 29th	8:30am	11:31am					
Speech Therapist	15th 30th							
	31st							
Pay Period Total								

CUSTOMER/INDIVIDUAL PROVIDER CERTIFICATION FOR SERVICES RENDERED

I certify that the above information is true and in accordance with the Individual Provider Payment Policies (IL488-2252). I understand falsification of any information submitted on this form could lead to criminal prosecution.

Worker Signature: Mary Jones Date: July 18, 2014

I certify that the above information is true and that services were received as stated. I understand falsification of any information submitted on this form could lead to criminal prosecution.

Customer Signature: John Smith Date: July 18, 2014

FOR OFFICE USE ONLY

DHS Payment Approval: _____ Date: _____ Gross: _____ Auth: _____

IL488-2251 (R-7-12) - Home Services Program Time Sheet
Printed by the Authority of the State of Illinois P.O. #13-0094 350,000 Copies Page 1 of 1

- Enter the three digit district number
- Enter Case Number, Customer Name, Address, Zip Code, and current Phone Number. Mark the box if this information has changed.
- Enter Worker SSN, Worker Name, Address, Zip Code and current Phone. Mark the box if the information has changed
- Enter the month and the year that the service was provided.
- If you are working as something other than a P.A., please check the box.
- List the exact time provided to you via the Santrax System. Do NOT round!
- Worker Signature and Date
- Customer Signature and Date

Helpful Hints

- ❖ Write the exact time as provided via the EVV Santrax call.
- ❖ Consider using a highlighter to note changes in address or rate of pay.
- ❖ Use Blue or Black ink.
- ❖ Complete the timesheet in full; failure to do so may delay payment.

Santrax numbers:

English	Spanish	Multiple Customers in home
1-855-347-1770	1-855-347-0771	1-844-604-7391
1-855-573-0726	1-855-573-1726	1-844-786-7495

PROVIDER HOTLINE

Call this number FIRST for information about your checks.

1-800-804-3833

Rev 09-24-14

DHS Mastercard Form (this is for training purposes only)



State of Illinois - Department of Human Services

Illinois Debit MasterCard Payment Option Form

If you chose the Illinois Debit MasterCard[®] Card, we will update our records and you will receive your Illinois Debit MasterCard in the mail. Activate your card immediately by calling the toll free number (1-866-338-2944) and follow the instruction on the materials enclosed with your card. Make sure we have your correct address. Your card will not be forwarded.

In order to get a Illinois Debit MasterCard:

- * **Attach a copy of your current Driver's License or State I.D. card**
- * You **MUST** fill in all the blanks in the section you are completing (Section 1 to start card use, section 2 to stop card use.)
- * All information must be clear and readable
- * Once you choose the Illinois Debit MasterCard your payments will continue on the card until a written cancellation Payment Option Form is received and processed at DHS.
- * You **MUST** send the form to:

Department of Human Services
Bureau of Expenditure Accounting Debit Card Project
100 South Grand Ave. East, 1st Floor
Springfield, Illinois 62762

COMPLETE ONLY ONE SECTION BELOW: If you want to START using the Illinois Debit MasterCard, complete section 1. If you have a card now and wish to STOP using it, complete Section 2.

SECTION 1 (To request a new Illinois Debit MasterCard)

Illinois Debit MasterCard[®] Card Payment Option - All blanks in this section below MUST be completed

(Choose your Provider type) **Child Care Provider** **PA - DRS Personal Assistant**

Social Security Number: _____ Daytime Phone: _____ *Enter "N/A" if you do not have a phone*
(Include area code)

Enter your name below as it appears on your Social Security Card or on your current IDHS payment checks:

Last Name: _____ First Name: _____ Middle Initial: _____

Doing Business As Name: _____ (Use this line for your DBA, if licensed with one)

Mailing Address: (Indicate Street, Apartment Number, Floor)

_____ (Street # and Name: with St. Ave, Ct, Apt. #, Floor)

City: _____ State: _____ Zip Code: _____

I authorize the State of Illinois Office of the Comptroller to direct payment for deposit to the Illinois Debit MasterCard card account as directed by the paying State agency. I understand the card will be sent to me by mail and my payments will be held by the bank until I withdraw them using my Illinois Debit MasterCard card. I further authorize the Comptroller to initiate, if necessary, debit entries and adjustments for any credit entries in error. This authorization is applicable to all Child Care and Personal Assistants payments issued by the Comptroller to the below named payee as identified by its designated payee identification number.

I understand the Illinois Debit MasterCard is issued by Comerica Bank, pursuant to a license by MasterCard International Incorporated. I further certify that I am at least 18 years of age.

Signature: _____ Date: _____

With this signature, I certify that the information provided above is accurate.

All blanks above MUST be completed in order to request a Illinois Debit MasterCard.

SECTION 2 (To cancel your Illinois Debit MasterCard)

I would like to CANCEL use of my Illinois Debit MasterCard and receive my payments the way I did before requesting the Debit card (either paper check or Direct Deposit).

If you were using Direct Deposit, and that bank account is now closed, your next payment may be delayed and possibly will come in the mail. Child Care providers must contact The Office of the Comptroller Direct Deposit Unit at (217) 557-0930 if the account has changed or closed. Personal Assistants must contact the DRS Local Office if there have been any changes to your bank account since the last time you received Direct Deposit in order to avoid delays.

Reason for Card Cancellation _____

Print Your Name: _____ Social Security Number: _____

Signature: _____ Date: _____

Please retain your Illinois Debit MasterCard until you receive your next payment by check or direct deposit.

Additional Training Opportunities for Individual Providers

Paid Training Opportunities

- ▲ **Bathing and Bed Making**—Complete day-to-day work with the safest and most effective techniques that protect a consumer's dignity as well, including: making an occupied bed, bathing consumers, and assisting consumers with grooming and personal hygiene.
- ▲ **Working with a Consumer who is Depressed**—Recognize the signs of depression and learn how to respond to a consumer who is coping with this difficult illness while managing your own personal reactions. Find out where to go when you or the consumer need help.
- ▲ **Nutrition and Exercise for people with Physical Disabilities**—Apply the latest guidelines on nutrition, exercise, and other healthy living habits that have been shown to improve the lives of people.
- ▲ **First Aid and CPR***—Learn to recognize and respond to cardiac, breathing and first aid emergencies and to use an Automatic External Defibrillator.
- ▲ **Universal Precautions**—Protect yourself and the consumer from infection and disease.
- ▲ **Body Mechanics and Safe Lifting**—Prevent injury with proper body mechanics.
- ▲ **Reporting Fraud, Abuse, Neglect, and Exploitation**—Identify signs of abuse, neglect, exploitation and fraud and learn what to do if you see the signs.
- ▲ **Strengthening Communication Skills**—Respond to challenging situations with effective verbal communication skills.
- ▲ **Independent Living Philosophy**—Find out what the Independent Living Philosophy means to people with disabilities and how it guides our work.
- ▲ **Working Effectively with Consumers to Solve Problems**—Manage personal and work boundaries and explore ways to present a problem constructively to the consumer/employer.

**You will not be paid for attending First Aid and CPR, but will receive certification valid for 2 years.*

Benefits to IPs include...

- ▲ 3 hours pay at current hourly wage—up to \$300 extra each year
- ▲ SEIU METC Certificate upon successful completion of training
- ▲ Networking with other IPs in the area
- ▲ Chance to earn professional training that will improve job performance and become more marketable for job opportunities in the future
- ▲ Encouraging more positive relationships between IP and Consumer
- ▲ Improved safety and health of IP and Consumer

SEIU HCII Member Resource Center (866) 933-7348



New Hire Orientation FAQ

1. Who is my employer?

The customer is your employer. The customer-employer is in charge of hiring and firing. Your tasks will be delegated by the customer-employer from the DHS Service Plan which is an official document created by the customer-employer and DRS Counselor. If you did not get a copy of the customer's service plan, you must request one from the DHS-DRS Care Coordinator or the Managed Care Organization.

2. How often will I be paid?

You will be paid bi-monthly—twice per month. Pay dates vary so refer to the Individual Provider Payroll Schedule (Handout #11) for exact dates. For example, what you work during July 1-15th shall be paid on or about August 5th; what you work July 16- 31st shall be paid on or about August 20th. Make sure all required paperwork has been turned in and processed and your Time Sheet is submitted on time and accurately completed. IPs should receive payment via their Illinois Debit MasterCard®, direct deposit or paper check on the designated day.

3. What do I need to do in order to be paid?

IPs must call into the EVV system from the Customer's telephone at the beginning and end of the visit to report hours worked. IPs must write down the exact time from the EVV call on the paper HSP Timesheet (Handout #14). IPs should submit timesheets up to 5 State workdays after the last day of the Pay Period. Make sure the timesheet is completed accurately as listed on Handout #10 and is signed by both you and your customer.

4. Where & How do I submit my timesheets?

IPs can submit Time Sheet two ways: 1) Mail to your local DRS office or 2) Drop-off in person to your local DRS Office.

5. Do I qualify for unemployment?

An IP is eligible for unemployment like any other worker—this means you have to have lost your job through no fault of your own; for example, the customer-employer no longer needs your services. All IP unemployment insurance benefits and earnings follow the Illinois Department of Employment Security (IDES) guidelines.

6. How do I know if I qualify for Health Insurance?

Eligibility is based upon the number of hours that are reported to the union's Health & Benefit Fund by the state. In order to become eligible, an IP must work on average 120 hours or more per month for three consecutive months for the customer-employer. After becoming eligible, IPs will continue to be eligible if they work an average of 60 hours per month (See Handout #16). In order to know how many hours have been reported, contact SEIU Health Fund at **773-385-9300** or toll free at **877-734-8543** (Mon - Fri 8:30am-5:00pm).

7. How can I get involved in my Union?

Call the Member Resource Center (MRC) at **866-933-7348**. If you have questions about your job, about benefits, about upcoming events and classes you can get information from the MRC.

8. If I am looking for a job references for another job, who can be a reference for me?

Your employer—the customer—can be your reference.

New Hire Orientation FAQ (continued)

9. How can an IP request an Employment Verification?

Individual Providers may obtain employment verifications from the State of Illinois. The information is limited but includes: the gross earning for each pay period for the requested time frame, the hourly rate of pay, total wages earned for the past twelve months, social security number, address, city, state and the zip code. All requests for employment verifications must be requested in writing. The local office will provide direction on where the request must be faxed or mailed.

10. What is the difference between the SEIU HCII & Helen Miller SEIU METC?

SEIU (Service Employees International Union) Healthcare IIMK is a union for service employees who work in Childcare, Nursing Homes, Hospitals, and Home Healthcare. Helen Miller SEIU METC (Member Education and Training Center) is a nonprofit organization founded in 2007 to provide training to workers in the healthcare and child care industries.

11. How soon will I be paid for attending my New Hire Orientation or METC Trainings?

To be paid within 21 business days after the class date, IPs need to be sure we have a copy of your latest pay voucher and you have completed your W-9 tax form. If you have questions about this, please contact Member Resources at **866-933-7348**.

12. Who can I contact to resolve a paycheck dispute?

An IP has three options:

To find out when your time sheet was processed and when your pay is being issued you can contact the automated DHS number: at **1-800-804-3833** (V) or **1-877-434-1082** (TTY).

You can contact your local DHS-DRS office to see if you're able to resolve your paycheck dispute on your own.

You can also contact the Union's Member Resource Center at **866-933-7348** to take action on your pay check issue.

13. What are Centers for Independent Living?

A Center for Independent Living, or CIL, is "a non-residential, community based organization, directed and managed by persons with disabilities, which is dedicated to the philosophy that all people with disabilities have the right and the responsibility to make choices to control the direction of their lives and participate fully and equally in their communities." (<http://www.incil.org/>)

14. What happens if I get hurt at the consumer-employer's home?

IP's have the right to Workers Compensation. However, you must first report the injury to your local DHS - DRS office and fill out the Work Injury Report. If you have trouble with this, contact the Union's Member Resource Center at **866-933-7348**.

New Hire Orientation FAQ (continued)

15. How can I receive a duplicate W2 if the original document is lost/stolen/damaged?

Duplicate 2016 W-2 documents can be requested from the HSP Central Office beginning February 15, 2017. **ALL REQUESTS MUST BE SUBMITTED IN WRITING**, preferably using the **HSP Duplicate W2 Request Form. A request form can be obtained from your DRS local office.** Also, IPs can mail a request to HSP Central Office - Labor Relations Unit, 100 S. Grand Avenue East, Springfield, IL 62762 and/or fax a request to **217/ 557-9434** or **217/ 557-1042**.

All requests must include the IP's name, 9-digit Social Security Number, address, phone number, email address and signature. Also, duplicate W-2s cannot be emailed or faxed to IPs. A replacement duplicate W2 is sent directly from the Illinois Comptroller's Office (IOC) and turnaround/processing time may take up to two weeks and will be sent back to the requestor via mail only.

17. What could prevent an IP from receiving a duplicate W2?

It is very important that IPs maintain a correct address with the State's database system throughout the year to ensure receipt of his or her original W2 form. The IOC will only issue a duplicate W2 if the IP's new address matches the address on the State's database.

18. How to ensure that the State database has your correct address, phone number and email?

If an IP has moved, you should complete an updated W4 with your new address. This will help to ensure that you receive important communication from the State of Illinois. To ensure timely receipt of your W2, you should file any address change or update before December 1.

For all other questions and/or concerns, call SEIU's MRC at 866-933-7345!

Health Insurance for DHS/DRS Individual Provider Eligibility—2016

SEIU Health Fund: 773-385-9300 or 877-734-8543

Personal Assistants Calculation Eligibility 2017

Initial Eligibility

120 hours per month for three months (360 hours total in the quarter).

***Please Note: You must work at least one hour in each month in the quarter.**

QUARTER				ELIGIBILITY DATE	MINIMUM REQUIRED HOURS
Jul-16	Aug-16	Sep-16	→	January-17	360
Aug-16	Sep-16	Oct-16	→	February-17	360
Sep-16	Oct-16	Nov-16	→	March-17	360
Oct-16	Nov-16	Dec-16	→	April-17	360
Nov-16	Dec-16	Jan-17	→	May-17	360
Dec-16	Jan-17	Feb-17	→	June-17	360
Jan-17	Feb-17	Mar-17	→	July-17	360
Feb-17	Mar-17	Apr-17	→	August-17	360
Mar-17	Apr-17	May-17	→	September-17	360
Apr-17	May-17	June-17	→	October-17	360
May-17	June-17	July-17	→	November-17	360
June-17	July-17	Aug-17	→	December-17	360

Continuing Eligibility

60 hours per month for three months (180 hours total in the quarter)

***Please Note: You must work at least one hour in two out of the three months in the quarter.**

QUARTER				ELIGIBILITY DATE	MINIMUM REQUIRED HOURS
Jul-16	Aug-16	Sep-16	→	January-17	180
Aug-16	Sep-16	Oct-16	→	February-17	180
Sep-16	Oct-16	Nov-16	→	March-17	180
Oct-16	Nov-16	Dec-16	→	April-17	180
Nov-16	Dec-16	Jan-17	→	May-17	180
Dec-16	Jan-17	Feb-17	→	June-17	180
Jan-17	Feb-17	Mar-17	→	July-17	180
Feb-17	Mar-17	Apr-17	→	August-17	180
Mar-17	Apr-17	May-17	→	September-17	180
Apr-17	May-17	June-17	→	October-17	180
May-17	June-17	July-17	→	November-17	180
June-17	July-17	Aug-17	→	December-17	180

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

**Request for Taxpayer
Identification Number and Certification**

**Give Form to the
requester. Do not
send to the IRS.**

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
John Q. Public

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 Other (see instructions) ▶ _____
 C Corporation
 S Corporation
 Partnership
 Trust/estate

Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
1 South Main Street

6 City, state, and ZIP code
Anytown, IL 60000

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number										
1	2	3	-	4	5	-	6	7	8	9

or

Employer identification number									
			-						

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here | Signature of U.S. person ▶ | Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

